

MAR 22 2005

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEET TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,410.00)

### Complete if Known

Application Number	10/743,962
Filing Date	December 22, 2003
First Named Inventor	Srinivasan, Varadarajan
Examiner Name	Peikari, Behzad
Art Unit	2186
Attorney Docket No.	NLMI.P002DC

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 501914 \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

##### Small Entity

Fee (\$) Fee (\$)

50 25

200 100

360 180

##### Total Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

##### Multiple Dependent Claims

##### Fee (\$)

##### Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

##### Indep. Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

##### Fee (\$)

##### Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Ext. of Time 3mo. (\$1020.00) and Three (3) Terminal Disc. (\$390)

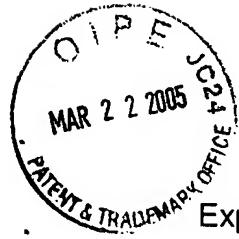
\$1,410

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,171	Telephone 408-236-6640
Name (Print/Type)	Charles E. Sherwell		Date March 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



## EXPRESS MAIL CERTIFICATE OF MAILING

Express Mail" mailing label number: EV 503 779 748 US

Date of Deposit: March 22, 2005

I hereby certify that I am causing the paper(s) and/or fee(s) indicated below to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that the paper(s) and/or fee(s) have been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Charles E. Shemwell

(Typed or printed name of person mailing paper(s) or fee(s))

(Signature of person mailing paper or fee)

March 22, 2005

(Date signed)

Serial/Patent No.: 10/743,962

Filing/Issue Date: December 22, 2003

Title: SYNCHRONOUS CONTENT ADDRESSABLE MEMORY

Atty. Docket No.: NLMI.P002DC

Date Mailed: March 22, 2005

<input checked="" type="checkbox"/> Amendment/Response (7 pgs.)	<input checked="" type="checkbox"/> Petition for Extension of Time (3 month(s))
<input type="checkbox"/> Preliminary Amendment ( pgs.)	<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A
<input type="checkbox"/> Application - Utility (29 pgs.)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Application - Rule 1.53(b) Contin. ( pgs.)	<input type="checkbox"/> Submission of Formal Drawings
<input type="checkbox"/> Application - Rule 1.53(b) Divis. ( pgs.)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application - Rule 1.53(b) CIP ( pgs.)	<input type="checkbox"/> Appeal Brief ( pgs. in triplicate)
<input type="checkbox"/> Application - Rule 1.53(d) CPA ( pgs.)	<input type="checkbox"/> Reply Brief
<input type="checkbox"/> Application - PCT ( pgs.)	<input type="checkbox"/> Response to Notice of Missing Parts
<input type="checkbox"/> Application - Provisional ( pgs.)	<input type="checkbox"/> Utility Patent Application Transmittal
<input type="checkbox"/> Drawings ( sheets)	<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)
<input type="checkbox"/> Declaration ( pgs.)	<input checked="" type="checkbox"/> Itemized Postcard
<input type="checkbox"/> Assignment & Cover Sheet ( pgs.)	<input checked="" type="checkbox"/> Express Mail Certificate Of Mailing
<input type="checkbox"/> Power of Attorney by Assignee ( pgs.)	<input checked="" type="checkbox"/> Express Mail No. <u>EV 503 779 748 US</u>
<input type="checkbox"/> Nonpublication Request (35 USC 122(b))	<input checked="" type="checkbox"/> Check No. <u>4092</u> Amt <u>\$1,410.00</u>
<input checked="" type="checkbox"/> Other <u>Three (3) Terminal Disclaimers (3 pgs.)</u>	